

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>royal a. williams</i> X</p> <p>B. Received by (Printed Name) <i>royal a. williams</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">FILED - DEC 23 2019</p> <p>At ROBERT N. U.S. DISTRICT COURT NORTHERN DISTRICT OF INDIANA Merrillville, IN 46410</p> <p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> (0)</p>	
1. Article Addressed to: <i>SCOTT L. King Barrister Court 9211 Broadway Merrillville, IN 46410</i>		2. Article Number (Transfer from service label) <i>7018 1830 0001 3190 5463</i>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

